



Australian Government

COVID-19
VACCINATION

Information to assist healthcare workers talk to Aboriginal and Torres Strait Islander people about COVID-19 vaccines

Information in this pack is designed to assist you with questions you may be asked as a healthcare worker about the COVID-19 vaccines. For more information, [visit the Department of Health website](#).

If there is a question that you would like included in future versions of this pack, please contact covidvaccinecomms@health.gov.au.

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COVID-19 vaccines

Which vaccines are available to Aboriginal and Torres Strait Islander people right now? Why can't I choose which vaccine I get?

The Therapeutic Goods Administration (TGA) has approved two COVID-19 vaccines for use in Australia: the Pfizer vaccine and the AstraZeneca vaccine. Both vaccines require two doses to provide the best protection against COVID-19.

All Aboriginal and Torres Strait Islander people aged 12 years and over are encouraged to have the vaccine offered to them.

The Australian Technical Advisory Group on Immunisation (ATAGI) advises that, for people aged 12-59 years, the Pfizer COVID-19 vaccine remains preferred over the AstraZeneca vaccine. However, ATAGI also advises that AstraZeneca can be used where the benefits are likely to outweigh the risk of severe disease from COVID-19, and the individual has made an informed decision based on an understanding of the risks and benefits.

This advice is based on the increase in risk for adults aged 60 years and over of developing a very rare but serious blood clotting condition called thrombosis with thrombocytopenia syndrome (TTS) after receiving the AstraZeneca vaccine. It is also based on the larger risk of adults aged 60 years and over of getting really sick from COVID-19.

More information about the relative risks of COVID-19 and TTS for different age groups is explained further down in this document.

More COVID-19 vaccines may be approved by the TGA and become available for use in Australia later in 2021.

People of any age without contraindications who have had their first dose of a vaccine without any serious adverse events should receive a second dose of the same vaccine.

Are COVID-19 vaccines safe? How are they tested?

Just like with other vaccines, the Therapeutic Goods Administration (TGA) assesses all COVID-19 vaccines for quality, safety and efficacy. The TGA is Australia's regulatory body that brings together independent medical experts who decide if vaccines are safe and work well, in order to approve them for use in Australia. The COVID-19 vaccines go through the same approval process that all vaccines go through in Australia, including the flu vaccine.

All vaccines must pass the TGA's rigorous assessment and approval processes including clinical trials. Technical experts analyse the three phases of clinical trials, testing for safety at every phase, as well as analysing how effective the vaccine is at protecting against infection and/or disease. The TGA requires robust scientific data before supporting a vaccine candidate, and will only register and approve a COVID-19 vaccine if it is found to be safe and effective, following its complete assessment of data.

The TGA continues to review evidence about vaccines from Australia and around the world so that any safety concerns can be detected and responded to. Reports on safety and side effects are published weekly online on the [TGA's website](#).

Why was the process of developing the COVID-19 vaccines so fast?

Safe and effective COVID-19 vaccines have been able to be developed faster than any other vaccine for several reasons:

- a level of funding not seen before;
- the availability of new technology; and
- researchers and developers around the world working together.

Some steps of the clinical trials and approval processes have been done at the same time instead of one after the other. As soon as the initial data was available, the trials were able to progress. This has given us access to the vaccine as quickly as possible.

The vaccines were developed and approved very quickly around the world but still followed the same approval process as other vaccines. The Therapeutic Goods Administration (TGA) carefully studied all the available results and data from clinical trials. After assessing this data to make sure that the vaccines were safe and met Australian standards, the TGA gave their approval.

You can find out more about the TGA's approval process on [the TGA website](#).

Do I have to get the COVID-19 vaccine?

No, COVID-19 vaccines are voluntary and you can choose not to have it. It is important that everyone who can get it does get a vaccine when it is offered to them, to help keep themselves and others safe.

Choosing not to get a COVID-19 vaccine will not affect eligibility for government assistance (Family Tax Benefit A) or childcare fee assistance.

If you work in aged care, you need to get vaccinated. This is because we need to protect older people who can get really sick if they catch COVID-19.

Why do I need two doses of the COVID-19 vaccine?

Both of the vaccines approved by the Therapeutic Goods Administration (TGA) for use in Australia require two doses to provide the best immunity and protection against COVID-19. Pfizer doses should be given 3 weeks apart but can be given anytime between 3 and 6 weeks. It is preferred that AstraZeneca doses be given 12 weeks apart but can be given anytime between 4 and 12 weeks.

From clinical trials, we know that it is important to receive the same type of COVID-19 vaccine for both doses. The first dose will start the process of building up antibodies and a protective response in your system. The second dose will boost your immune response to ensure a longer-term protection against COVID-19. Without the second dose, your body would not be able to fight the virus as effectively.

Due to the severe health risks associated with COVID-19 and the fact that infecting others and re-infection is possible, it is recommended that you be vaccinated even if you have already had COVID-19 as it is not yet known how long natural immunity will last.

Am I fully protected right after my vaccination?

The Therapeutic Goods Administration (TGA) has outlined that individuals may not be fully protected until 7 days after their second dose of the Pfizer vaccine, or up to 14 days after the AstraZeneca vaccine. Whilst partial protection against COVID-19 may be as soon as 12 days after the first dose, this protection is likely to be short lived. Because of this, you can still become ill prior to this time.



I've heard of other countries mixing and matching their COVID-19 vaccines. Why are we not doing that here in Australia?

To have the best immunity against COVID-19, you need to receive two doses of the same vaccine as recommended by the manufacturer and as approved by Australia's regulator, the Therapeutic Goods Administration (TGA).

The Australian Technical Advisory Group on Immunisation (ATAGI) has strongly advised that a full vaccination course be completed with the same vaccine where possible. It is not currently recommended to use COVID-19 vaccines interchangeably. Further clinical evidence is needed to know whether mixing doses of COVID-19 vaccines is safe and effective before the TGA and other Australian Government expert advisory groups, including ATAGI, can make any decision. As more data emerges, this advice may change.

Trials in the UK and USA are underway to determine the safety and efficacy of "mixing and matching" booster doses from different vaccine platforms or brands.

The Government continues to meet with vaccine developers and monitor international developments to understand the frequency of revaccination likely to be required and safety and efficacy of mixed vaccination schedules.

COVID-19 vaccines – do they work?

Can I still get COVID-19 after receiving both doses of the vaccine?


The aim of COVID-19 vaccines is to prevent you from getting very sick, going to hospital, or dying from COVID-19. Both the AstraZeneca and Pfizer vaccines provide significant protection against severe COVID-19 disease. There is early evidence that in addition to substantially reducing your chance of getting sick from COVID-19, vaccination also decreases the chance of one person transmitting the virus to others.

While COVID-19 vaccinations are highly effective at preventing hospitalisation and severe disease, as with any vaccine, they may not provide full protection against infection for every person, just as the annual flu vaccination cannot fully protect you against the flu.

Can the vaccine give you COVID-19 virus?

Neither of the approved vaccines in Australia contains the live virus that causes COVID-19. This means they cannot give you COVID-19.

Some of the side effects from COVID-19 vaccines, such as fever and feeling tired can feel like the symptoms of COVID-19. These symptoms are normal and are a sign that the body is



building protection against the COVID-19 virus. If you have any severe or unexpected side effects, you can always talk to me, your healthcare worker, or in an emergency, you should call 000.

Will the vaccine work if the virus mutates?

Most viruses change slightly over time (mutate). The virus that causes COVID-19 is no different and there are new variants of the virus that have been detected around the world.

Current evidence from clinical trials indicates that Australia's approved COVID-19 vaccines are likely to provide protection to a variety of variants. However, there may be cases in the future where the current vaccines are not as effective against some variants. This information is still emerging and is being closely monitored.

In the same way that the annual flu vaccine changes each year, the technology used to create the COVID-19 vaccines may allow the vaccines to be adapted for COVID-19 variants.

Why should I get vaccinated?

Why is it important that most of us are vaccinated?


COVID-19 can cause very serious illness, especially for the elderly and those in our community who have existing medical conditions.

Vaccines strengthen your immune system by training it to recognise and fight against specific viruses. When you get vaccinated, you are protecting yourself and helping to protect the whole community. There is early evidence that suggests COVID-19 vaccines also help reduce the spread of the virus.

When enough people in the community are vaccinated, it slows down the spread of disease. This is known as 'herd immunity'. Herd immunity occurs when a large percentage of a community (the 'herd') becomes immune to a disease, decreasing the chance of people in the community spreading the disease to each other. Achieving herd immunity is a long-term goal that requires a large amount of the population to be vaccinated. Until this is achieved, everyone should continue practising COVIDSafe behaviours.

When lots of people in the community are vaccinated, we rarely see the deadly diseases the vaccines prevent. For example, this includes very serious diseases such as diphtheria, measles and meningococcal diseases.

Widespread vaccination will give us the confidence to live with fewer restrictions, knowing our population will be protected against the worst effects of COVID-19. This means that preventive measures, such as border closures and travel restrictions, may be needed less.



Widespread vaccination will give businesses more confidence and provide us with more certainty to plan important events – for instance family and community business – with less likelihood of them having to be cancelled or disrupted by a COVID-19 outbreak.

Vaccination is our ticket out of the COVID-19 pandemic.

The risk of catching COVID-19 in Australia is low, and there haven't been many cases in Aboriginal and Torres Strait Islander communities, so why should I get vaccinated?

As outlined in the ATAGI [Clinical Guidance on the delivery of COVID-19 vaccines in Australia](#), Aboriginal and Torres Strait Islander adults have been identified as a priority group for vaccination. This is because there is a higher risk of getting and developing serious illness from COVID-19 due to a number of factors. This may include a higher rate of chronic health conditions and in some cases crowded living conditions, which increases the risk of spreading the infection. While the impact of COVID-19 on Aboriginal and Torres Strait Islander people to date has been mitigated by existing control measures, it is important that vaccination against COVID-19 is encouraged.

Emergency measures implemented in communities were key in keeping Aboriginal and Torres Strait Islander peoples and communities safe from COVID-19. However, there have still been more than 180 cases of COVID-19 among Aboriginal and Torres Strait Islander people (as at 02 August 2021).

As we have seen from the numerous outbreaks that have happened throughout Australia, COVID-19 can spread quickly and widely. It is important that everyone who can get a vaccine does get one when it is offered to them, to help keep themselves, others and the community safe.

Why would I get vaccinated if I can still get COVID-19 and pass on the virus to someone else?

The primary purpose of COVID-19 vaccines is to prevent people from getting really sick with the virus. Evidence shows that COVID-19 vaccines are very effective at helping to prevent you from getting very sick, going to hospital, or even dying from COVID-19. As with any vaccine, COVID-19 vaccines may not fully protect all those who receive it. Research is ongoing to determine how long you will be protected for.

We are seeing promising evidence that, not only do COVID-19 vaccines either stop you getting sick or substantially reduce the severity of your symptoms, they are also likely to substantially reduce the chance of transmitting the virus to others.



In April 2021, [Public Health England reported](#) the results of a large study of COVID-19 transmission involving more than 365,000 households with a mix of vaccinated and unvaccinated members.

It found that individuals who tested positive to COVID-19, but who had been immunised with one dose of either the Pfizer or AstraZeneca COVID-19 vaccine, had a reduced likelihood of infecting others by 40–50% compared to transmission from unvaccinated individuals. Once data is available for transmission rates in individuals who have received two doses of a COVID-19 vaccine, the results will be assessed to determine if two doses leads to a further reduction in the transmission rates.

This means that if someone becomes infected with COVID-19 after being vaccinated, they are only around half as likely to pass their infection on to others, compared to unvaccinated people who become infected. You can read more information about these studies on the Royal Australian College of General Practitioners [website](#).

COVID-19 vaccines – Side effects

What are the common side effects of COVID-19 vaccines?

As part of the Therapeutic Goods Administration (TGA) approval process, all vaccines are tested and studied for side effects.

For the vaccine to be approved for use in Australia, the benefit must be greater than the risk. All COVID-19 vaccines can have some side effects. These usually don't last long and are mild.

Common side effects are:

- feeling a bit sick, like you would after a flu shot
- sore arm at the injection site
- headache
- feeling tired
- fever.

These side effects are normal after getting a vaccine, and usually don't last for more than a few days. Serious reactions such as allergic reactions are extremely rare. They usually occur within 15 minutes of receiving a vaccine. After you receive your vaccine, you should wait this amount of time before you leave to ensure your safety in case a reaction occurs.

Use the [COVID-19 vaccine side effects symptom checker](#) on the Department of Health's website if you have concerns about any symptoms after your vaccine. The checker is also available through the National Coronavirus Helpline, 1800 020 080, 24 hours a day. The COVID-19 vaccine side effects symptom checker is not a substitute for professional medical

advice, diagnosis, or treatment. Always consult a medical professional for serious symptoms or emergencies.

What are the serious, but rare side effects of COVID-19 vaccines?

Like with every vaccine or medication, there is a small risk that some people who have the COVID-19 vaccine may experience rare side effects. These include:

- A severe allergic reaction (anaphylaxis).
- A very rare blood clotting condition after receiving the AstraZeneca vaccine, called thrombosis with thrombocytopenia syndrome (TTS):
 - The symptoms of this usually start between 4 and 28 days after vaccination.
 - Some of these symptoms include shortness of breath, chest pain, headache or abdominal (belly) pain that won't go away and leg swelling. You may also see tiny blood spots under the skin, not near where the needle went in.
 - People who get this could get very sick and may need to go to hospital.
 - These blood clots are severe and can lead to disability or even death.
 - These blood clots can be treated effectively.

If you have a side effect that:

- worries you
- lasts for more than a few days
- is listed as a rare side effect of COVID-19 vaccines
- starts between 4 – 28 days after your vaccine,

please call/ come back to this clinic, or seek medical attention straight away.

I've heard a lot about the side effects of the AstraZeneca vaccine – is it safe for me?

Experts are continuously reviewing the benefits and risks of both the AstraZeneca and Pfizer vaccines. Recent reports are showing that the relative effectiveness of the AstraZeneca vaccine against symptomatic infection of COVID-19 is up to 85%. This is after the person has had two doses, spaced around 12 weeks apart.

There are also emerging reports that suggest those who have received the AstraZeneca vaccine are less likely to transmit the virus to others.

The number of Australian cases of thrombosis with thrombocytopenia syndrome (TTS) suggests that it is very rare. This syndrome occurs more often in younger people than older people.

The AstraZeneca vaccine is not recommended for people with a past history of cerebral venous sinus thrombosis, heparin-induced thrombocytopenia, idiopathic splanchnic vein thrombosis and anti-phospholipid syndrome with thrombosis.

The AstraZeneca vaccine is not recommended for people with anaphylaxis to a previous dose of AstraZeneca vaccine, TTS following the first dose of AstraZeneca vaccine and other serious adverse events attributed to the first dose of AstraZeneca vaccine.

No other risk factors for this syndrome have been detected.

Most importantly, what doctors and scientists know about TTS treatments and diagnosis has vastly improved. This condition can now be treated effectively. The number of people successfully treated for this side effect has risen as critical care specialists and haematologists get a better understanding of what is occurring at a microscopic level with TTS. Doctors are working on identifying patients who have this condition as early as possible.

This table compares, for different age groups, the relative risk of developing TTS after receiving the COVID-19 AstraZeneca vaccine, to the risk of requiring ICU admission during a period of exposure similar to the Victorian outbreak ('second wave') in winter 2020. The rates of blood clots (TTS) shown in the table are based on Australian data as at 16 June 2021.

Medium exposure risk – infection rate similar to second wave of COVID-19 in Victoria (275 per 100,000 people in a 16-week period)

For every 100,000 people vaccinated				
Age group	Cases of TTS due to COVID-19 Vaccine AstraZeneca	Hospitalisations prevented	ICU admissions prevented	Deaths prevented
18–29 years	1.9 ^a	10.6	1.3	0.1
30–39 years	1.6 ^a	10.7	1.2	0.2
40–49 years	5.0 ^a	16.7	2.6	0.1
50–59 years	2.7	24.3	6.5	1.3
60–69 years	1.4	30.4	7.0	3.0
70–79 years	1.8	63.1	8.6	21.4
≥80 years	1.9	260.5	5.2	183.6

TTS = thrombosis with thrombocytopenia syndrome


^a Estimates of risk are uncertain as rates are based on small numbers of vaccinations in people under 50 in Australia.

Note: Potential benefits calculated from confirmed data from Victoria.

As this table shows, as a person's age increases, the number of hospitalisations and deaths prevented from having the AstraZeneca vaccine greatly increase. For more details on different levels of exposure risks relative to cases of TTS due to AstraZeneca, [visit the website](#).

Why has the advice on the AstraZeneca COVID-19 vaccine changed?

The Australian Technical Advisory Group on Immunisation (ATAGI) have been meeting every week to review their advice on the AstraZeneca vaccine. Monitoring how vaccines are



working in the community is a very important part of ensuring they are safe and effective, and that the vaccines are performing as expected in individuals and in the community.

The updated recommendation ATAGI made on 17 June 2021 is based on new evidence that demonstrates a higher risk of TTS in the 50-59 year old age group than initially thought.

ATAGI have recommended that for those living in outbreak areas, where the risk of getting COVID-19 is much higher, everyone should consider getting vaccinated with any COVID-19 vaccine available to them, including the AstraZeneca COVID-19 vaccine. This decision should be made in partnership with their doctor.

If I'm under 60, but already had my first dose of AstraZeneca, what should I do?

It is important you get the same type of COVID-19 vaccine for both doses. The first dose helps the immune system create a response against the virus, with the second dose boosting the immune response to ensure long-term protection against COVID-19. So it's important you receive two doses of the same vaccine for full effectiveness.

People who have had the first dose of the AstraZeneca vaccine without any serious side effects can be given the second dose, including adults under 60 years. This is supported by data indicating a much lower rate of TTS following a second COVID-19 Vaccine AstraZeneca dose in the United Kingdom.

If I have diabetes, can I still have the vaccine?

Anyone could develop serious or severe illness from COVID-19, but those with chronic health conditions or weakened immune systems are at greater risk. This includes people living with diabetes.

Australia's peak diabetes organisations are encouraging all Australian adults with diabetes to get vaccinated against COVID-19, as soon as they are able to. Vaccines approved for use in Australia by the Therapeutic Goods Administration, are suitable for use in adults living with diabetes. For more information, visit the [Diabetes Australia website](#).

Where can I go for reliable, up to date information?

It's important to ensure that you are going to reliable sources for your information on COVID-19 vaccines. Here are some links to websites that you can visit:

- The Department of Health: www.health.gov.au
- The Therapeutic Goods Administration: www.tga.gov.au/covid-19-vaccines

- Northern Territory: coronavirus.nt.gov.au/
- Queensland: www.health.qld.gov.au/
- South Australia: www.covid-19.sa.gov.au/
- Western Australia: www.healthywa.wa.gov.au/coronavirus
- Australian Capital Territory: www.covid19.act.gov.au/
- New South Wales: www.health.nsw.gov.au/
- Tasmania: coronavirus.tas.gov.au/

You can call the National Coronavirus Helpline on 1800 020 080, or follow the Department of Health on Facebook at: www.facebook.com/healthgovau.